

## Effectively Managing Your Family Planning Program

*When Nurse Mutanga took over managing the maternal and child health and family planning clinic a year ago, she had no idea how complicated the task would be. She had experience in supervising staff and had usually been successful at keeping them motivated through her enthusiasm, fair treatment, and recognition of work done well. However, she found she had much to learn about hiring and training new staff, properly managing contraceptive and drug supplies to avoid shortages or damaged contraceptives, making sure every aspect of client care was satisfactory (the information provided, the setting, the privacy, and the counseling and clinical services), and submitting accurate reports on time about clinic activities. As if learning how to do all these tasks were not enough, there were often last-minute emergencies that took her attention away from her daily administrative duties.*

A family planning program must be well managed if it is to provide its clients with good-quality services. This rule is equally true for large programs and for individual clinics. A well-managed family planning program has the following characteristics:

- The staff is qualified and trained.
- The staff follows protocols that are free of barriers.

- Staff members receive the support and guidance they need from their supervisors.
- Sufficient amounts of contraceptives, other supplies, and necessary equipment are on hand at all times.
- The staff submits accurate reports on schedule and the clinic (or other service delivery point) receives feedback from higher administrative levels.
- Problems are identified early and resolved.
- Clients are treated with respect and are satisfied with the services.
- The program's goals and objectives are compatible with those of the community.

Good management is vital to the success of a program, but it is often overlooked. Because the people who administer and supervise clinics and programs are often health professionals with little or no management training or guidance, this chapter reviews the basics of family planning program management:

- Selecting and training staff
- Supervising staff
- Managing contraceptive supplies
- Collecting, analyzing, and reporting information

The concepts presented here are not specific to programs in Africa; they apply generally to all programs. We recognize that, in some countries the administrative structures make it difficult to follow these recommendations. However, these concepts are presented as ideals that programs should try to achieve, not as specific requirements that must be met.

When managing a program or clinic, a manager can get caught up in the daily details and crises and forget the program's purpose. The manager must always remember—and remind staff—that the goal of the program is to meet the needs of the client by providing good-quality services.

## SELECTING AND TRAINING STAFF

Staff members are the central part of any service delivery program. Because staff must be skilled in the services they provide and motivated to serve their clients, it is essential to select appropriate staff members and to train them well. In a program that provides high-quality services, the staff safeguards the client's health and the client trusts the providers and the services.

### SELECTING STAFF

Because staff are so critical to the success of a program, they must be selected carefully. To hire the right person for a job, prepare a *job description* that lists the following:

- Responsibilities and tasks required
- Required attitude toward patient-oriented service delivery
- Qualifications, past work experience, skills, and desired qualities
- The supervisor for the position

The job description serves as a guide to selecting the new employee and helps the job candidates decide whether the job is right for them. Later, the job description can also be used for supervision and performance evaluation.

Attitudes are among the hardest personal characteristics to influence, yet they set the tone for behavior and behavior change. Explore the attitudes of potential staff members by posing questions, written or oral, about situations that might be encountered during the delivery of services.

In most public programs in Africa, the clinic manager does not select and hire staff; the personnel department of the ministry or agency has this responsibility. However, job descriptions remain useful, as they serve as a guide for the employee and as an evaluation tool for the supervisor.

## ORIENTING STAFF

Whenever new staff begin work or procedures change, some orientation is necessary to make sure that employees understand exactly what they are supposed to do. Orientation can be carried out in various ways—through a presentation, a workshop, a meeting, or written communication. Managers should fully inform staff of all policies and of policy changes so that services are run well and staff morale is maintained.

Employees who have just been hired usually receive an orientation at the central level. A less formal orientation should be conducted at the clinic where the new employee is assigned. The manager or supervisor should ensure that by the end of the orientation the employee is familiar with all the procedures and capable of carrying out all required tasks.

Both for the orientation itself and for later reference, all staff should have access to a *personnel manual*, which should include an overview of the organization's purpose and structure, all personnel policies (such as benefits, grievance and termination policies, and policies for time off), and administrative procedures. The manual should be in a folder or loose-leaf notebook so that any changes or updates can be easily added.

## STAFF DEVELOPMENT

Staff development means providing employees with opportunities to improve their skills, both in performing new tasks and in doing current tasks better. Staff development is important for several reasons. First, because people often get bored when they have to perform the same tasks over and over, learning and practicing new skills can improve both morale and performance. Second, by training staff in new skills, program administrators are better able to retain valuable staff who, as a result, become increasingly skilled and qualified. Third, training current employees is a more cost-effective way of obtaining highly skilled staff than is hiring new, more skilled staff.

Staff can expand their responsibilities or increase their skills in numerous ways. Staff members working in just one of a clinic's technical areas (clinical, administrative, or educational) could learn to take on responsibilities in another area. In addition, clinical staff can be trained to take on more advanced clinical tasks, thus increasing the clinic's ability to provide needed services. For example, in some countries nurses have been trained to insert intrauterine devices (IUDs) and Norplant, and nurses' aides have learned to take blood pressure and conduct other screening tests.

Staff development can take a number of forms: delegating more responsibility to staff, providing them with reading materials, conducting in-service training sessions, or allowing staff time off to attend seminars and courses. The greatest influence on staff development, however, may well be the attitude of the manager or supervisor, who should encourage staff members to keep learning and advancing and who should promote an environment of cooperation and the open exchange of ideas.

## SUPERVISING STAFF

Supervision is an underappreciated aspect of managing a program. The purpose of supervision is to guide and support staff so that they can perform their tasks well. Poor supervision can lead to an inability to solve problems at service delivery sites, wasted staff skills, poor training, frequent shortages of commodities, and dissatisfied clients.<sup>1</sup>

The supervisor should be a supportive problem-solver who notices and recognizes good work as well as problems. Ideally, supervisors should collaborate with staff to identify problems and find solutions; if they do, staff will learn to manage problems on their own and not leave them for months until the supervisor visits.

Supervision is carried out in two ways: by reviewing written materials (such as review of service statistics or reports) and through observing and making personal contact. Personal contact is necessary to find out what is actually taking place, resolve any problems, and renew staff morale and enthusiasm. Supervisory visits, which may

occur infrequently, are often the only opportunity for the employee to get any praise for a difficult job well done.

One problem frequently associated with supervision is the perception that the supervisor acts as a critic or disciplinarian. This perception is particularly strong when a supervisor from outside makes rare visits, spends them investigating problems, and assigns blame rather than helping to solve the problem. All supervisors, particularly higher-level program managers, should avoid acting like punitive disciplinarians.

Because supervision is essential to an effectively managed program, family planning programs should invest in training their supervisors in essential supervisory skills such as helping service delivery sites assess their own needs, facilitating group discussions, and guiding staff in solving their own problems.

## THE SUPERVISOR'S TASKS

A supervisor may work at the same site as those being supervised or may visit periodically from a central or regional office. An employee may have both kinds of supervisors. In either case, the main function of a supervisor is to help the staff perform their jobs better by providing support:

- Guidance and training
- Assistance with resources and logistics
- Support, encouragement, and advocacy for their concerns and rights
- Regular feedback on their performance

A supervisor's basic functions include the following:

- Setting individual performance objectives (the activities an employee should accomplish by a certain date) for and with each employee

- Managing any performance problems and conflicts that arise and motivating and encouraging employees to do their best work
- Having regular contact with employees to motivate them; help solve their problems; and provide them with feedback, guidance, assistance, and support
- Developing a supervisor's session plan, then going over selected items in each supervisory session
- Preparing a schedule of upcoming supervisory sessions with employees that lists the date of each session and any items that need to be discussed
- Conducting periodic performance appraisals to review an employee's job performance to help ensure that performance objectives are being met
- Reaffirming the mission of the organization; periodically reminding staff of the organization's values, principles, and goals; and strengthening staff commitment to them

Although supervisors have their own styles of supervision (some are task-oriented, others are relationship-oriented), they should consider what type of supervision is appropriate for each employee. Some employees work best independently and need little direction. Others work better when they have more interaction with and support from the supervisor or other staff. In any case, a supervisor should always consult an employee before making decisions and judgments about her or his work.

## THE SUPERVISORY PROCESS

Supervisors are doing their most important work when they meet with one or more employees to review and discuss ongoing and completed work, go over any problems the staff is encountering, and plan upcoming work. These meetings can take a variety of forms (day-to-day interactions, scheduled supervisory meetings or visits, individual

or group sessions, or meetings to provide techniques for self-evaluation), but in all sessions the supervisor will have basic objectives:

- Make sure the staff members have the necessary interpersonal skills to provide their clients with the guidance and support they need.
- Check that the staff members have the knowledge and technical skills needed to carry out their jobs.
- Deal with any personal work-related issues of individual staff members.

## PROVIDING FEEDBACK

Poor communication between supervisors and employees is common. A supervisor's job is to provide constructive feedback. It is just as important, if not more so, to let employees know when they are doing a good job as it is to alert them to a problem. Although it is good for staff morale to publicly praise an employee's work, any criticism of performance should be given in private.

Effective feedback has several characteristics:

- *Task-related* (related to a specific task and based on actual observation)
- *Prompt* (given right after observing the task being performed)
- *Action-oriented* (related to improvements that employees can make)
- *Motivating* (starts with positive feedback, then discusses what needs improvement)
- *Constructive* (explains how staff can improve their performance and emphasizes the importance of the work)

## SOLVING PROBLEMS

Problems and conflicts occur in every program, and one of a supervisor's responsibilities is to work with employees to discover and resolve their problems. Once the supervisor has determined that a problem exists, the next task is to discover its cause. The supervisor and employee can begin by asking the following questions:

- What exactly is wrong?
- Where is the problem taking place?
- When did the problem start?
- What are the causes of the problem? Can they be removed or changed?
- Who is involved in the problem?
- What is the desired (mutually agreed upon) result?
- What resources will be needed to solve the problem?

Problems can be caused by interpersonal conflicts or by ill-designed or poorly functioning management systems. In any case, the supervisor must remember to remain neutral and try to find a solution acceptable to both the employees and the management.

Another common problem is the perceived poor performance of an employee. Unsatisfactory performance may be due to several factors, including excessive workload, poor working conditions, insufficient training or qualifications, lack of interest in the work, or personal problems. The supervisor should investigate thoroughly before taking any corrective steps. The investigation might be conducted as follows:

- Find out whether the employee has been adequately supervised and knows what is expected of her or him.
- Determine the exact nature of the problem.
- Compare the employee's performance objectives and job description with the work performance, and see whether any previous action has been taken.
- Try to determine possible reasons for the gap between objectives and results.
- Talk privately with the employee and find out her or his assessment of the situation.

## MANAGING CONTRACEPTIVE SUPPLIES

Every facility that serves family planning clients must have supplies of all the contraceptives it offers, including each of the brands it distributes, on hand at all times. If it runs out of a particular contraceptive, clients may have to accept a substitute or go without contraceptive protection; if this happens frequently, clients may give up on family planning altogether. On the other hand, it is poor management to have an oversupply of a particular type of contraceptive, because some may expire before they can be used, resulting in a waste of money and commodities.

To prevent such shortages and overstocks, every program must have an effective system to manage commodities to ensure that the *right quantity* of the *right goods* are sent to the *right place* at the *right time* in the *right condition*. For a contraceptive management system to work effectively, each of the following components must be working well:

- Selection and forecasting
  - The decision makers must select the contraceptive methods and brands the clients want and provide as full a selection of methods as possible.
  - The managers must make reasonably accurate estimates of the demand for each method, taking into account current trends in contraceptive use and the program's planned promotional and educational activities.
- Transportation and storage
  - The contraceptives must be shipped from the suppliers to the warehouses on time.
  - The warehouses must store the commodities under adequate conditions and use the first-to-expire, first-out technique so that contraceptives do not expire in the warehouse.
  - An adequate transportation system must exist to move the contraceptives where they are needed when they are needed.

- Documentation and information
  - An effective logistics information system must be in place so managers know what quantities of supplies are on hand, can see that supplies are maintained in appropriate amounts, and can ensure that new supplies are ordered on time (managers must factor in the "lead time" between when supplies are ordered and when they arrive).

## FORECASTING FUTURE CONTRACEPTIVE NEEDS

### *Forecasting*

In small clinics and health posts, it is often not necessary to use a formal forecasting technique; the person in charge often has a good idea of monthly and annual consumption rates and how much is needed. If there is information on past contraceptive use, simply estimate the program's needs for the future based on this information, including a small reserve stock level and possibly a small amount for growth. If there are no reliable data on past distribution, future consumption can be estimated from the service statistics of clients from the past year. Estimate how many new and continuing family planning clients you will have in the next year, and use the guidelines in Table 26:1 to calculate the supplies that would be needed for each continuing family planning user for a year and for anticipated new users. (The numbers in the table may seem high, but they factor in amounts lost to damage or expiration.)

Larger facilities at the provincial and regional levels will need to go through a more formal forecasting process: Determining the level of consumption of each contraceptive method and brand in the previous year, aggregating (summing) the consumption data from the service delivery points, then using the results to estimate future demand while making any necessary adjustments to reflect expected changes in the level of consumption. Provincial and regional level clinics can use the guidelines (in Table 26:1) to verify their calculations.

Monitor both supply levels (to make sure you never run out of supplies or are overstocked) and the level of consumption (to see whether demand is changing for any method). Periodically calculate the *average monthly consumption* for the past 6 months. More accurate than an estimate, this approach will indicate whether demand is changing, in which case the amount ordered should change correspondingly. For these calculations, the average monthly consumption is used as an approximation of 1 month's supply.

Table 26:1 How to calculate annual supplies for continuing and new family planning clients

Method	Guideline
Pills	15 cycles per continuing user per year, or 7.5 cycles per new user in the current year
Condoms	120 units per continuing user per year, or 60 per new user
Intrauterine device (IUD)	1.5 IUDs per new user
Injectables	4 units of Depo-Provera per continuing user, or 2 per new user 5 units of Noristerat per continuing user, or 3 per new user
Norplant	One set of implants per new user
Sterilization kits	2 per doctor

### *The Maximum/Minimum System*

Using the Maximum/Minimum (Max/Min) inventory control system is a way of making sure that supplies never run out or, on the other hand, that there is never so much stock on hand that some contraceptives expire before they can be used. In the Max/Min system, maximum and minimum stock levels are set for each facility or type of facility. These levels are expressed in number of months of supply (for example, a clinic might have a minimum of 2 months of supply and a

maximum of 4) so that the right levels are maintained even if demand changes (that is, if the amount in the average monthly consumption increases or decreases). Thus, for example, if demand increases, a maximum amount of months of supply might grow from 400 pills cycles to 600, even though the maximum remains set at 4 months.

In the Max/Min system, the *minimum level* is equal to the *safety stock*, the amount held in reserve in case of higher than usual demand. Some family planning programs set the minimum level at safety stock plus the *lead time stock* (the amount of stock used during the time between placement of an order and when it arrives).

The *maximum level* is the largest quantity the facility should ever keep in stock. This level is set by adding the quantity that will be used in the time period between routine orders to the minimum stock level. For example, a clinic with a minimum level of 2 months of supply and an average monthly consumption of 1,000 condoms that was resupplied every 3 months would need a maximum balance of 5,000 condoms (2 months of minimum balance plus 3 months of consumption at 1,000 condoms per month).

Once the minimum and maximum levels are set, ordering supplies is fairly easy. Stock levels are reviewed periodically, and an order is placed to bring the level back up to the maximum.

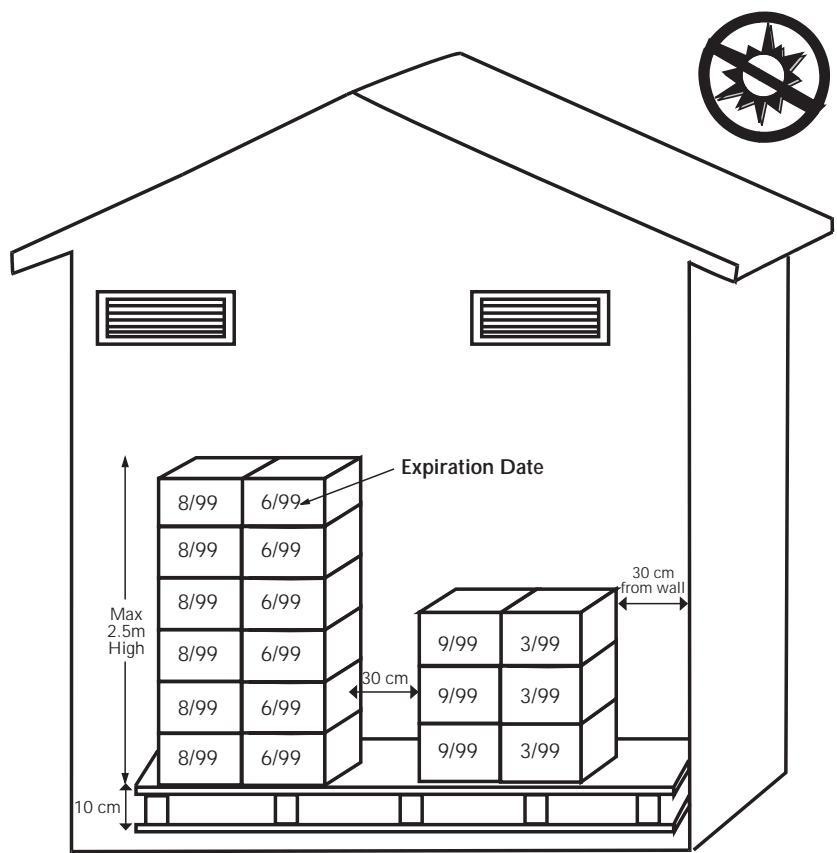
## STORING CONTRACEPTIVES

Contraceptive supplies should be stored in a dry, well-ventilated area. They should be kept cool and protected from direct sunlight. Generally speaking, if the storage space is comfortable for human occupation, it will be adequate for storing contraceptives. If new warehouse space is being set up, remember that the program may expand; provide enough room to store the quantities of contraceptives the program will need in the future.

In facilities that serve as depots and store large quantities of supplies, all boxes should be marked with the expiration date of the contraceptives that the boxes contain, and the *first-to-expire, first-out*

(FEFO) system should be used so that contraceptives are distributed and used long before they expire. Supplies should be organized by year and month of expiration, with supplies that are closest to expiration placed to the front and distributed first.

Figure 26:1 Model for storing contraceptive supplies



Contraceptives have a limited shelf life; make sure they are not dispensed if they have expired. (See Chapter 27, Providing Quality Family Planning Services, for more detail.) If stored under adequate conditions, they should have the following shelf lives:

- Pills—5 years from date of manufacture
- Condoms—3 to 5 years from date of manufacture
- IUDs—7 years
- Injectables—4 to 5 years
- Implants—5 years
- Foaming tablets—3 to 5 years

#### **Guidelines for Proper Storage**

- *Clean and disinfect storeroom regularly.*
- *Store contraceptives in a dry, well-lit, well-ventilated storeroom out of direct sunlight.*
- *Secure storeroom from water penetration.*
- *Make sure fire safety equipment is available and accessible.*
- *Store cartons of condoms away from electric motors and fluorescent lights.*
- *Stack contraceptive cartons at least 10 cm (4 inches) off the floor, 30 cm (1 foot) away from the walls and other stacks, and no more than 2.5 m (8 feet) high.*
- *Arrange cartons so that identification labels, expiration dates, and manufacturing dates are visible.*
- *Store contraceptives in a manner accessible for the first-to-expire, first-out (FEFO) system, for counting and for general management.*
- *Store contraceptives separately (away from insecticides, chemicals, old files, office supplies, and other materials).*
- *Separate and dispose of damaged or expired contraceptives without delay.*

## DOCUMENTING STOCK FLOW

To always have the right amount of contraceptives on hand, you need to know two things: how much stock you have, and how much is being dispensed. You must keep track of this information through records and reports. Two kinds of records are needed: stockkeeping and transaction. *Stockkeeping records* are stock inventory control cards on which, for each method and brand, information is recorded on all receipt and shipment activities, any adjustments made to supply levels after physical inventories, and any additional records for accountability and prevention of theft. *Transaction records* are used to record the amount of supplies shipped from one facility to another and the amounts ordered or dispensed.

Periodically (such as monthly or quarterly), the information from the records should be aggregated into *reports*, which should be used for planning and evaluation. These reports might contain information on the quantities of each type of contraceptive received and dispensed within the time period and the number and types of clients served. Reports are used to forecast needed supplies, assess the demand for the different contraceptives, and track changes in demand. These reports need to be accurate and timely.

## COLLECTING, ANALYZING, AND REPORTING INFORMATION

Managers and decision makers at every level of a family planning program need complete and reliable information on the program's performance and operations. A management information system (MIS) is the system of forms and reports used to collect and aggregate essential data about the program's activities. These data are compiled in reports that managers use to monitor the program, make decisions about how to allocate program resources, and analyze the program's performance and the reasons for its success. The reports can also be used to determine ways to improve performance. Although managers often obtain information through informal channels such as observation and informal discussions with colleagues, they also need a well-running MIS.

The MIS should be designed to collect only data that are necessary and that can be easily summarized to produce reports that are complete, accurate, and timely. A good MIS can help managers discover existing and potential problems and make well-informed decisions on topics such as the quantities of contraceptives required and the most appropriate contraceptive method mix to offer.

Managers also need to consider how often data need to be collected and reported. Many programs collect and process data on a monthly basis, although a quarterly basis might serve just as well. One of the problems with monthly systems is that because they take as long as quarterly reports to generate but must be produced three times as often, those responsible for processing the reports can easily fall far behind and become discouraged. It is better to have timely reports of quarterly data than late reports of monthly data; after all, it is of little use to learn in August that many locations were out of certain contraceptives last February.

## WHAT INFORMATION DOES A PROGRAM NEED?

In general, managers need performance and operational information.

*Performance information* is used for planning and evaluating family planning programs. This information is needed to see whether performance objectives are being met, such as keeping waiting times under 2 hours or developing outreach efforts to bring in members of a high-risk segment of the population. There are seven categories of performance information you may wish to collect:

- Family planning client characteristics (age, income, residence [urban or rural], education)
- Fertility characteristics of clients (parity, age at marriage, duration of method use)
- Contraceptive method mix and the sources of supply
- Contraceptive failure and discontinuation of use

- Quality of services (See Chapter 27 on Providing Quality Family Planning Services)
- Level of community participation in and support for the program
- Contraceptive prevalence

Most program performance information is expensive to collect because it must be obtained from surveys and client records; not all programs need complete performance data. The information is used to develop the program's goals and objectives, determine subgroups that may need targeted services, and evaluate the program's impact and reputation.

*Operational information*, which provides information on how the program uses time, people, money, and other resources, is used to assess how well a program is functioning. For example, is every client receiving human immunodeficiency virus (HIV) counseling? Are all client complaints addressed? Operational information includes the following data:

- How well work plans are being implemented (activities accomplished, objectives met)
- Costs and expenditures (whether the program is within budget)
- Contraceptive logistics (shortages, situations of oversupply, changes in consumption)
- Staffing and supervision (staff shortages, need for training)

## WHAT INFORMATION DOES YOUR PROGRAM COLLECT?

Common problems with an MIS are that it collects too much information and is too complex. An MIS should collect only the information that managers need to make well-informed decisions about the program. To make sure your MIS is collecting this information and *only* the necessary information, follow these steps:

1. Review the goals and objectives of the organization, program, department, or service delivery site where you work, and determine what information is needed to assess whether those goals and objectives are being met.
2. Identify all the people who are or should be using each type of information (clinic workers, clinic managers, supervisors, volunteers, etc).
3. After identifying what information is needed by the different staff, eliminate the information that is being collected but is not being used.
4. Review the current forms and procedures for collecting, recording, tabulating, analyzing, and reporting the data and determine whether anything in these forms is difficult to understand or fill out (past errors or problems using these forms could serve as a guide).
5. Revise the existing forms and procedures for collecting and recording information to make them easier to use.
6. Set up or improve the manual or computerized systems for tabulating, analyzing, and reporting information so that they are useful for the employees who work with them.
7. Develop procedures that check the accuracy of the data.
8. Train and supervise staff to use the new forms and procedures.

## INFORMATION FLOW

Information flow is the movement of information within the organization. In family planning programs, information should flow from the service delivery level up to the top management level; feedback should then be sent back down the line to service delivery staff. The kind of information and the format in which it is presented (e.g., tables, charts, reports, graphs) should be determined by the following criteria:

- Who needs the information
- How the information is used
- What level of detail is needed at each administrative level

The level of detail and the format should always be appropriate for the needs of the particular information users. As information moves up the administrative ladder, the amount of detail decreases. The clinic manager needs to know the details of the clinic's operations, but the head of the organization or department does not.

The MIS is ultimately based on the routine data that are collected at the lowest level. Routine data are obtained from various sources by using several types of data collection instruments:

- Individual client records (see Form 1 at the end of this chapter)
- Daily activity registers of family planning clinics (see Form 2 for an example)
- Clinic contraceptive service registers

A family planning program also requires administrative data, which can be collected using the following instruments:

- Stock card or contraceptive supplies inventory form
- Record of a supervisory session
- Financial records (income and expense reports)

## REPORTING INFORMATION

Once collected, the data need to get to the appropriate staff members in a form they can use (generally in reports of some kind). Mechanisms are needed to take the following steps:

- Summarizing what has been collected in the records, registers, and forms
- Analyzing the data so that it can be transformed into usable information

- Transmitting the summarized data to others in reports that can be clearly understood

In the first step, data are summarized as totals, percentages, and averages. (See Form 3 and Form 4 at the end of this chapter for examples of such summaries for client visits and contraceptives dispensed.) In many cases these summaries may provide all the information that is needed to make decisions. In step two, analysis is conducted by aggregating data from similar service delivery sites to get a broader perspective. (See Form 4, which could be used at a regional warehouse.) Charts and graphs can make the information even easier to understand, especially when looking at changes over time.

In the third step, supervisors provide feedback. Supervisors should let the staff know how well they have reported information (this means letting them know when they are doing a good job, not just bringing up problems) and how the information is being used. Feedback lets the staff know that the supervisor appreciates the effort they have made and demonstrates how valuable the reports are to the supervisor. By acknowledging a job well done, the supervisor can help ensure that the MIS continues to provide complete, timely, and accurate information for decision making.

As a final step, supervisors should check that appropriate decisions or actions have been made based on the information produced by the MIS. When reviewing the reports, each supervisor should ask these questions:

- Is the information in the reports accurate and reliable?
- Have all gaps or insufficiencies in the data been identified?
- Have the data been interpreted and the conclusions included in the report?
- Does the report indicate decisions made or actions taken based on the reported information?

In summary, to see whether your current MIS is effective, evaluate the process:

- Is all the information being collected actually necessary?
- Is the information collected on a routine, ongoing basis?
- Does the MIS operate at all levels of the system?
- Does the MIS contain a mechanism for regular feedback?
- Are reports produced in a timely fashion?

Remember the most important rules of a MIS: Make sure you have a reason for collecting each item of information, and make sure the information you collect is up-to-date, reliable, and accurate.

## MEETING THE NEEDS OF THE CLIENT

The driving force of every decision and action should be a desire to meet the needs of the family planning client. For example, when deciding what hours of operation the clinic should have, consider the convenience of the clients. When setting up the waiting rooms, determine what would make the clients most comfortable both for waiting to be seen and for receiving information. This client-focused approach to service delivery is discussed in more detail in the following chapter.

## RESOURCES

1. Dwyer J, Jezowski T. Quality management for family planning services: practical experience from Africa. AVSC working paper. New York, NY: Association for Voluntary Contraception, 1995.
2. Owens RC, Warner T. Concepts of logistics system design [internal paper]. Boston, MA: John Snow, 1992.
3. Robey R, Piotrow PT, Soultter C. Family planning lessons and challenges: making programs work. *Popul Rep* 1994; Series J(40).
4. Wolff JA, Suttentfield LJ, Binzen SC (eds.). *The family planning manager's handbook: basic skills and tools for managing family planning programs*. Hartford, CT: Kumarian Press, 1991.

Form 1

The Individual Record System  
Client Record, Page 1

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Client Reg. Number

Family Planning Client Record

DO NOT FILL THIS FORM FOR CASUAL NON-PRESCRIPTIVE USERS

Clinic Name \_\_\_\_\_

Family Name \_\_\_\_\_

Given Name \_\_\_\_\_

Address (or directions to reach home) \_\_\_\_\_

Age : \_\_\_\_ (Estimate if not known) Birth date \_\_\_\_\_

Education: \_\_\_\_ None \_\_\_\_ Some Secondary

\_\_\_\_ Some primary \_\_\_\_ Secondary completed or more

\_\_\_\_ Primary completed

Religion: \_\_\_\_ Moslem \_\_\_\_ Christian \_\_\_\_ Other

Reproductive History:

\_\_\_\_ No. of children born alive

\_\_\_\_ No. of children still living

\_\_\_\_ No. of miscarriages/stillbirths/abortions

Month/year last pregnancy ended: \_\_\_\_/\_\_\_\_

Result of last pregnancy: \_\_\_\_ Normal \_\_\_\_ Complicated

Specify complication: \_\_\_\_\_

Menstrual Cycle: \_\_\_\_\_

Duration: \_\_\_\_\_

\_\_\_\_ Regular \_\_\_\_ Irregular

Date of Last Menstrual Period: \_\_\_\_\_

Are you currently breastfeeding? \_\_\_\_ Yes \_\_\_\_ No

Do you want to have more children?

\_\_\_\_ No, wants no more children

\_\_\_\_ Yes, but wants child later (spacing)

\_\_\_\_ Not certain or counseling only

\_\_\_\_ Yes, wants child now

Contraception used prior to this visit?

\_\_\_\_ No \_\_\_\_ Yes (Specify most recent method used)

Method: \_\_\_\_\_

Source: Public \_\_\_\_ Private \_\_\_\_ Other \_\_\_\_

Client Reg. Number \_\_\_\_\_  
Family Name \_\_\_\_\_

Form 1 (Continued)

Client Record

Note here any serious illnesses or condition:

Diabetic..... Yes No  
Jaundiced..... Yes No  
Frequent urinary tract infection or dysuria..... Yes No  
Frequent or severe headaches..... Yes No  
Sickle Cell Anemia..... Yes No  
Other serious illness or condition..... Yes No

If yes, specify in box above

Smoker: Yes No

INITIAL MEDICAL EXAMINATION (Only for those selecting IUD, hormonal, diaphragm, or sterilization methods)

Blood pressure: / Weight: (kg)  
Breasts: Normal Lumps  
Liver enlarged: Yes No  
Vaginal discharge: Yes No  
If yes: Color Odor  
Cervix: Erosion Yes No  
Discharge Yes No  
Tears Yes No  
Uterus position: Anteverted Retroverted  
Size: Normal Enlarged Other  
Laboratory results (as appropriate):

Other observations:

Contraceptive selected this visit:

Brand/Size Quantity

Date of next appointment

Name of examiner

Pregnancies that occur after initial clinic visit

Date pregnancy ended: Pregnancy outcome:  
/ / Live birth Miscarriage  
Stillbirth Live birth died later  
Complication

/ / Live birth Miscarriage  
Stillbirth Live birth died later  
Complication

Form 1 (Continued)

Client Follow-Up

Date	Method Change (Y/N)	Method/ Brand Supplied	Quantity	Blood Pressure	Weight (kg)	Current Pelvic Infection (Y/N)	Observations, Laboratory Results, Treatment, Method Failure	Date of Next Appointment

## Form 2

## Daily Activity Register

### Clients Served and Commodities Dispensed

Clinic Name \_\_\_\_\_ Month/Year \_\_\_\_\_

District \_\_\_\_\_ Region \_\_\_\_\_

[illegible]

## Page Totals

[illegible]

### Cumulative Totals

[illegible]

Form 3

Summary of Family Planning Users & Contraceptives Issued/Dispensed

Location Code

Date of Report

Clinic

District

Region

Reporting Period: From

to

(month)

(day)

(month)

(day)

(year)

Clients:	Number of Client Visits	Oral Contraceptives			IUDs			Injection			Vaginal			Other			"No-Method" Visit
		Lo-Femeral	Overette	Other	Copper T	Other IUD	Depo-Provera	Nonsterat	Foaming Tablets	Cream, Jelly, Foam	Condoms	Norplant	Female Sterilization	Other			
New Acceptors																	
Revisits																	
Total Visits																	
Commodities:																	
Beginning Balance																	
Amount Received																	
Amount Dispensed/ Issued																	
Ending Balance																	

Form 4

Contraceptive Supply Status

Location Code  Date of Report \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Location \_\_\_\_\_ Region \_\_\_\_\_ District \_\_\_\_\_

Reporting Period: From (month) \_\_\_\_\_ To (month) \_\_\_\_\_ (year) \_\_\_\_\_

Contraceptive Method	Beginning Balance	Received	Dispensed, Issued	Ending Balance	Requested	Issued
Lo-Femenal						
Ovrette						
Other Oral						
Copper T IUD						
Other IUD						
Depo-Provera						
Noristerat						
Foaming Tablets						
Cream, Jelly, Foam						
Condoms						
Norplant						
NFP Kit						
Other						
Other						
Other						